

Clinical Observation

Acupuncture plus Acupoint-Injection for Treatment of Cervical Spondylosis of Vertebroarterial Type

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Cervical spondylosis of vertebroarterial type is frequently encountered disease in clinic. The disease was treated by the author using acupuncture plus point injection of *Danggui Zhushu Ye* (当归注射液 Angelica Injection). The satisfactory therapeutic effect was achieved in comparison with that of simple acupuncture group. A report follows.

CLINICAL DATA

General data: There were 70 cases in this series, 28 males and 42 females, aged from 35 to 70 years. They were divided into two groups according to a random table. Of the 37 cases in the treatment group, 15 were male and 22 female, the average age was 47.0 ± 10.3 years, and the duration of illness was 8-130 months with an average of 28.0 ± 7.8 months. Of the 33 cases in the control group, 13 were male and 20 female, the average age was 49.0 ± 11.8 years, and the duration of illness was 7-120 months with an average of 31.0 ± 7.9 months. There was no significant difference in sex, age, and duration of illness in the two groups ($P > 0.05$), therefore they were comparable.

Diagnostic criteria

The diagnostic criteria were referred to the diagnostic criteria of cervical spondylosis of vertebroarterial type in *the Criteria for Therapeutic Effects and Diagnosis of TCM Diseases* promulgated by the State Administration of Traditional Chinese Medicine in 1994. Doppler Ultrasonic examination showed that the patient had vertebrobasilar arterial insufficiency.

Inclusive criteria

1) Those met with the above criteria; 2) Those with ages above 35 years and below 70 years; 3)

Receiving required treatments.

Exclusive criteria

1) Those not fit with the above diagnostic criteria and inclusive criteria; 2) Those with ocular and aural vertigo; 3) Vertebrobasilar arterial insufficiency caused by other diseases; 4) Those had severe organic diseases.

METHODS

Treatment group

Acupoints selected: The corresponding Jiaji points on the affected sections confirmed by X-rays and Fengchi (GB 20). Taixi (KI 3) and Sanyinjiao (SP 6) were added for insufficiency of kidney essence, Zusanli (ST 36) and Sanyinjiao (SP 6) for deficiency of *qi* and blood, Taichong (LR 3) for ascendant hyperactivity of liver *yang*, and Zusanli (ST 36) and Fenglong (ST 40) for up-stirring of phlegm-turbidity.

Manipulation: The patient was in a prone sitting position with a soft cushion put under the chin. After routine disinfection the points were punctured. Moxa moxibustion at Dazhui (GV 14) was carried out after the needling sensation arrived. The needles were manipulated once every 10 min with uniform reinforcing-reducing method. The needles were removed after 30 min. 5 min later, the intermixture of 1 ml of *Danggui Zhushu Ye* (当归注射液 Angelica Injection) and 1 ml of vitamin B₁₂ injection was injected into Jiaji point on neck at 1–1.5 ml each point using a 5 ml disposable syringe with 5 gauge needle.

Control group

The point selection and needling methods were the same with the treatment group.

The treatment was given once daily with 6 sessions constituting one therapeutic course. The therapeutic effect was evaluated after two courses. The interval between courses was one day.

Criteria for therapeutic effects

Criteria for therapeutic effects were referred to the diagnostic criteria of cervical spondylosis of vertebroarterial type in the *Criteria for Therapeutic Effects and Diagnosis of TCM Diseases* promulgated by the State Administration of Traditional Chinese

Medicine in 1994. Syndrome scoring: 1) Headache, vertigo; 2) Tinnitus, deafness; 3) Poor vision; 4) Postural cataplexy; 5) Cervical lateral deviation with discomfort of back extension. Four grades were given according to the symptoms-relieving level with 1 score for each grade. The total score was 20 for the above 5 items. Cured: The total score reached above 15. Markedly relieved: The total score increased by 7–10 over pre-treatment. Improved: The total score increased by 1–6 over pre-treatment. Failed: No change of the total score or lower than pre-treatment.

Table 1. Comparison of the clinical effects between two groups (case)

Group	Cases	Cured	Markedly relieved	Improved	Failed	Curative rate (%)	Total effective rate (%)
Treatment	37	17	11	9	0	45.90*	100
Control	33	6	12	14	1	18.10	96.97

Note: Compared with the control group, * $P < 0.05$.

COMMENT

Cervical spondylosis of vertebroarterial type belongs to the category of vertigo in traditional Chinese medicine. It is often due to deficiency of the liver and kidney, insufficiency of *qi* and blood, ascendant hyperactivity of liver *yang*, and up-stirring of phlegm-turbidity.

Jiaji points are located between the Governor Vessel and Gallbladder Channel of Foot-Taiyang, both of which travel along the neck and back. According to the theory of “where the channels circulate by there the indications are”, acupuncture at Jiaji points on the neck are focused to dredge channels and relax muscles and tendons to promote blood circulation.

Acupuncture at Fengchi (GB 20) has the function of expelling wind and clearing collaterals, promoting the local *qi* activity and improving the blood supply to the neck and back. Combination of acupuncture at Taixi (KI 3) and Sanyinjiao (SP 6) may strengthen the kidney and replenish its essence. Acupuncture at Zusanli (ST 36) and Sanyinjiao (SP 6) may supplement *qi* and blood. Taichong (LR 3) may inhibit the liver *yang*. Acupuncture at Zusanli (ST 36) and Fenglong (ST 40) may strengthen the spleen to remove phlegm. Dazhui (GV 14) is confluence of all

the *yang* meridians and moxibustion at it may enhance *yang* and improve the immune function.

The modern researches have shown that Jiaji points are closely related with nervous sections. Puncturing Jiaji points may not only affect the posterior branch of spinal nerve but also affect the anterior branch of spinal nerve, which has a close relation with sympathetic nerve, therefore it is related to the activities of *zangfu* organs and may adjust *qi* and blood of *zangfu* organs.² *Danggui Zhushie ye* (当归注射液 Angelica Injection)³ can improve the micro-circulation and has the anti-inflammatory and analgesic functions. Vitamins B₁₂ can nourish the nerves. Therefore a combination of acupuncture with Jiaji points-injection is one of the effective therapies for cervical spondylosis of vertebroarterial type.

REFERENCES

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